

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate GARY A. CHISM
 Address P.O. Box 2343 Columbus, MS. 39704
 Telephone 662-386-6619 Fax 662-327-0987
 Contact Name GARY CHISM Email gchism@house.ms.gov
 Office Sought MS House of Rep Dist #37 Political Party REPUBLICAN



☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
 ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
 ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1150 ⁰⁰ + \$ 200 ⁰⁰	\$ 1350 ⁰⁰	\$ 1350 ⁰⁰
Total amount of disbursements	\$ 810 ⁰⁰ + \$ 531 ⁰⁰	\$ 1341 ⁰⁰	\$ 1341 ⁰⁰
Total amount of cash on hand		\$ 1039 ⁷¹	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate GARY A. CHISM

Date 12/31/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

GARY A. CHISIM

Page 1 of 1

Reporting period

1/1/10

through

12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name ADVANCE AMERICA		10/21/10	\$ 500 ⁰⁰
Mailing Address 135 N. Church St.		__/__/__	\$
City, State, Zip Code SPARTANBURG, SC 29306		__/__/__	\$
Name of Employer (Required) N/A		__/__/__	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 500 ⁰⁰
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name GEORGIA-PACIFIC LLC		12/23/10	\$ 250 ⁰⁰
Mailing Address 600 14th St. NW, Suite 800		__/__/__	\$
City, State, Zip Code WASHINGTON, DC 20005		__/__/__	\$
Name of Employer (Required) N/A		__/__/__	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 250 ⁰⁰
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAIFAPAC		12/22/10	\$ 200 ⁰⁰
Mailing Address P.O. Box 13649		__/__/__	\$
City, State, Zip Code JACKSON, MS. 39236-3649		__/__/__	\$
Name of Employer (Required) N/A		__/__/__	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 200 ⁰⁰
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Agents + Employees PAC		12/21/10	\$ 200 ⁰⁰
Mailing Address P.O. Box 39		__/__/__	\$
City, State, Zip Code OLIVE BRANCH, MS. 38654		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 200 ⁰⁰

Name of Candidate or Committee

GARY A. Chism

Reporting period

1/1/10

through

12/31/10

ITEMIZED DISBURSEMENTS

1. Full name <u>New Hope Baseball</u>	Date (Mo., Day, Year) <u>1/31/10</u>	Amount of each disbursement this period \$ <u>280⁰⁰</u>
Mailing Address <u>3419 New Hope Road</u>		
City, State, Zip Code <u>Columbus, Ms. 39702</u>	<u>12/13/10</u>	\$ <u>280⁰⁰</u>
Purpose of Disbursement (Optional) <u>SIGN + Ad</u>	Aggregate Year-to-date	\$ <u>560⁰⁰</u>
3. Full name <u>Starkville Rotary Club</u>	Date (Mo., Day, Year) <u>12/15/10</u>	Amount of each disbursement this period \$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 80002</u>		
City, State, Zip Code <u>Starkville, Ms. 39759</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250⁰⁰</u>
2. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
4. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
5. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
6. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
7. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$